



HYDE COUNTY SCHOOLS STAFF DEVELOPMENT REQUEST/APPROVAL FORM

Prior approval must be made with your Supervisor or Designee two weeks in advance

EMPLOYEE NAME

SCHOOL/DEPARTMENT

EMPLOYEE NUMBER (NOT SSN)

STAFF DEVELOPMENT ACTIVITY

DATE (s)

LOCATION OF STAFF DEVELOPMENT

Please complete and email as an attachment to your Supervisor. A signed copy of this form and proof of workshop, meeting, etc., must accompany all Check requests and/or Reimbursement forms for registration, hotel rooms, etc.

ESTIMATED EXPENSES AT MAXIMUM STATE RATES

REGISTRATION

HOTEL/MOTEL

FOOD

MILEAGE (Rate & Estimated Miles)

SUBSTITUTE TEACHER

EMPLOYEE'S SIGNATURE

DATE

SUPERVISOR / DESIGNEE APPROVAL

DATE

Finance Code:

Substitute Code:

Fund Source (check one)

_____ Local School

_____ Title I

_____ Title II

_____ Other

Director of Federal Programs Signature (If applicable)

Finance Department Signature (If applicable)